



TOWN OF NORWOOD TREASURER
566 WASHINGTON STREET
P.O. BOX 40
NORWOOD, MA 02062

Date:

NAME/ADDRESS CORRECTION (IF DIFFERENT FROM BELOW)

CLAIM FORM

Serial Number

Check Date

Amount \$

Important: Make a copy of the claim form for your records and return the completed form along with all necessary documentation to the address below. If you have any questions please call (781) 762-1240 and have the serial number on the top of the form available to expedite your call.

Mail to:

Town of Norwood
P.O Box 40
Norwood, MA 02062

Claimant must sign below (If more than one person is entitled to the property both must sign.) Fraud or misrepresentation may result in criminal prosecution.

I (WE) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any persons, corporation or association to draw any amount on same.

Signature of Claimant

Date

Social Security or Federal Identification No.

Signature of Co-owner (If applicable)

Date

Daytime Telephone Number

If The Claim exceeds \$ 100
The signature of the claimant(s) must be notarized.

Subscribed and Sworn to before me,

This, _____ day of _____ year _____ a Notary Public,

In and for the County of _____ in the State _____.

My Commission Expires _____ year _____.

Notary's Signature: _____ Seal

